

# Benefits & You

## 2012 OPEN ENROLLMENT NEWSLETTER

A Special Benefits Edition for the Employees of Miami-Dade County • <http://enet.miamidade.gov> • November 2011

### SNAPSHOT

#### Attend a Regional Meeting

Oct. 31 - Nov. 15, 2011

#### Enroll Online

Oct. 31 - Nov. 15, 2011

#### Enrollment Website

<http://enet.miamidade.gov>

#### Enrollment Deadline

November 15, 2011

#### New Elections are Effective

January 1, 2012

### Open Enrollment Is Here

This is your opportunity to review and make changes to your benefit plan elections for the upcoming plan year. The Open Enrollment website will be available to all benefits eligible Miami-Dade County employees 24/7 from October 31 to November 15, 2011. No need to submit an online form unless you want to:

1. Enroll in a new benefit plan
2. Change existing benefit elections
3. Add dependents to existing coverage or delete dependents no longer eligible
4. Enroll/re-enroll for a Health Care or Dependent Care Spending Account

Go to <http://enet.miamidade.gov> to make the changes. For additional benefits information or to view the Plan Comparison, visit [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits)

### What's New for 2012?

Every effort was made to provide in this newsletter the most current benefits information available as of the print date. Any subsequent changes to employee benefits for 2012 will be posted online at [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits).

#### Open Enrollment Website

The online enrollment process is now as easy as 1 -2- 3! Go to page 5 for further details.

#### Premiums

The medical rates will increase by approximately 12% in 2012.

There will be no rate increase in 2012 for the Delta Dental, MetLife DHMO Dental, Humana-OHS Dental-Standard Plan, Optix Vision, MetLife Short/Long Term Disability, ARAG Legal Plan, and Optional Life Insurance. Employees enrolled in the Humana-OHS Dental Enriched Plan will experience a rate increase of approximately 19%.

#### JMH Plan

The JMH Health Plan will not be offered to Miami-Dade County employees effective January 1, 2012. Current JMH Health Plan members must elect an AvMed medical plan for 2012. If you do not select a new medical plan, you will be defaulted to the AvMed plan most closely matching your current plan enrollment.

**Transition of Services** - a process will be in place to enable patients with certain medical conditions, currently being treated by a provider not participating with AvMed, to continue receiving uninterrupted care until a safe transfer of the services is arranged to an AvMed provider. The Transition of Care form can be downloaded from the benefits website. Submit the completed form to AvMed by December 1. Both JMH and AvMed use PHCS, a nationwide provider network.

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## Contact Information

Online Enrollment Website <http://enet.miamidade.gov>

Benefits Administration Unit (BAU)	(305) 375-4288 or 5633	<a href="http://www.miamidade.gov/benefits">www.miamidade.gov/benefits</a>
<b>MEDICAL PLANS</b>		
AvMed Health Plans	(800) 682-8633	<a href="http://www.avmed.org/go/mdpht">www.avmed.org/go/mdpht</a>
AvMed Onsite Representatives	(305) 375-5306	SPCC 23rd Floor--M-F, 8:30a - 4:30p
<b>DENTAL &amp; VISION PLANS</b>		
Delta Dental	(800) 471-1334	<a href="http://www.deltadentalins.com/mdc">www.deltadentalins.com/mdc</a>
Humana-OHS Dental	(800) 432-3376	<a href="http://www.humana.com/miami-dade-co-govt">www.humana.com/miami-dade-co-govt</a>
MetLife DHMO Dental	(877) 638-2055	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Optix Vision Plan	(800) 393-2873	<a href="http://www.humana.com/miami-dade-co-govt">www.humana.com/miami-dade-co-govt</a>
<b>OTHER</b>		
ARAG Legal Plan	(800) 667-4300	<a href="http://www.ARAGLegalCenter.com">www.ARAGLegalCenter.com</a> code:10277mdc
FBMC	(800) 342-8017	<a href="http://www.myFBMC.com">www.myFBMC.com</a>
MetLife Disability Plans	(888) 463-2023	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
ICMA-RC - Deferred Comp.	(305) 375-4710	<a href="http://www.icmarc.org/miamidade">www.icmarc.org/miamidade</a>
NACo - Deferred Comp.	(866) 986-4264	<a href="http://www.miamidade457.com">www.miamidade457.com</a>

*The material contained in this newsletter does not constitute an insurance certificate or policy. It is intended only to assist in the selection of benefits. Final determination of benefits, exact terms and exclusions of coverage for each benefit plan are contained in certificates of insurance issued by the participating insurance companies to enrollees.*

# 2012 Biweekly Employee Cost

## Medical Rates

TIER LEVEL	AVMED POS	AVMED HMO HIGH OPT	AVMED HMO LOW OPT
EMPLOYEE ONLY	\$16.20	\$0.0	\$0.0
EMPLOYEE + CHILD (DREN)	\$319.43	\$201.33	\$189.74
EMPLOYEE + SPOUSE	\$385.00	\$232.98	\$219.59
EMPLOYEE + FAMILY	\$665.53	\$322.73	\$304.25

## Dental Rates

PLAN	TYPE	EMPLOYEE ONLY		EMPLOYEE+1		EMPLOYEE + FAMILY	
		STD	ENR	STD	ENR	STD	ENR
DELTA	Indemnity Dental	\$ .00	\$4.45	\$14.09	\$22.89	\$31.53	\$45.72
HUMANA-OHS	Prepaid Dental	\$ .00	\$3.14	\$2.42	\$7.65	\$5.65	\$14.32
METLIFE DHMO	Prepaid Dental	\$ .00	\$1.83	\$2.62	\$5.67	\$6.14	\$11.39

## Other Plan Rates

OPTIX VISION PLAN		ARAG LEGAL PLAN		FLEXIBLE SPENDING ACCOUNTS (FSA) Administrative Fees Per Pay Period	
EMPLOYEE ONLY	\$2.06	EMPLOYEE ONLY	\$7.29	Health Care FSA Only	\$1.98
EMPLOYEE + 1	\$4.12	EMPLOYEE + 1	\$9.34	Dependent Care FSA Only	\$1.98
EMPLOYEE + FAMILY	\$7.57	EMPLOYEE + FAMILY	\$9.61	Both Health & Dependent Care	\$1.98

METLIFE STD	Premium Per \$100 Weekly Benefit
Low Option (\$500 max weekly benefit)	\$1.54
High Option (\$1,000 max weekly benefit)	\$1.54

METLIFE LTD	Premium Per \$100 of Covered Monthly Payroll
Low Option (\$2,000 max monthly benefit)	\$0.26
High Option (\$4,000 max monthly benefit)	\$0.31

### To apply for Short/Long Term Disability and Basic Life Insurance during open enrollment

If you are a current employee who did not elect the MetLife Short or Long-Term Disability coverage during your initial benefits eligibility, or you wish to upgrade to the High Option, enrollment is now subject to medical review. The medical review process also applies to employees re-applying for Basic Life Insurance coverage (e.g. lost coverage for failing to pay premiums during a suspension/personal leave, transferred from the union plan, etc.). You must now complete the applicable Statement of Health (SOH) form and submit to MetLife for approval. Both SOH forms are available online. STD, LTD and Basic Life coverage are not effective until approved by MetLife.

## Online Enrollment Overview

All County employees who wish to make a change, or re-enroll in a healthcare or dependent care spending account are required to use the online enrollment at <http://enet.miamidade.gov>. Contact your DPR for assistance, if you do not have access to a computer.

Enrolling online is easy! No forms to fill out or worry about paperwork getting misplaced. All you need is 10-15 minutes of uninterrupted time to make your elections. Then print your confirmation page for your records and you are finished! If you need to go back online and change your selections, no problem. The website is secure and available from October 31 – November 15, 2011.

## Before You Start Your Web Enrollment

Be sure to review the reference materials available online. Once you have the answers you need, begin the enrollment process. The deadline to change your plan elections for 2012 is November 15, 2011. Once the deadline expires, you are locked into the plan elections you made until the next open enrollment.

Don't wait until the last minute! If you have questions regarding plan benefits attend an open enrollment regional meeting, review the online benefits information (Q & A, Plan Comparison, etc.) or contact the plan directly during business hours for specific plan benefits and limitations. The Help Desk (305-596-Help) will assist only with technical issues (web access, password reset, etc.).

### What's Online?

- Link to Plan Websites
- Medical Plan Comparison
- Dental Plan Comparison
- Benefits Handbook
- Medical & Dental Provider Directories
- Frequently Asked Questions (FAQs)

### Checklist For Web Enrollment

Obtain this information before you begin:

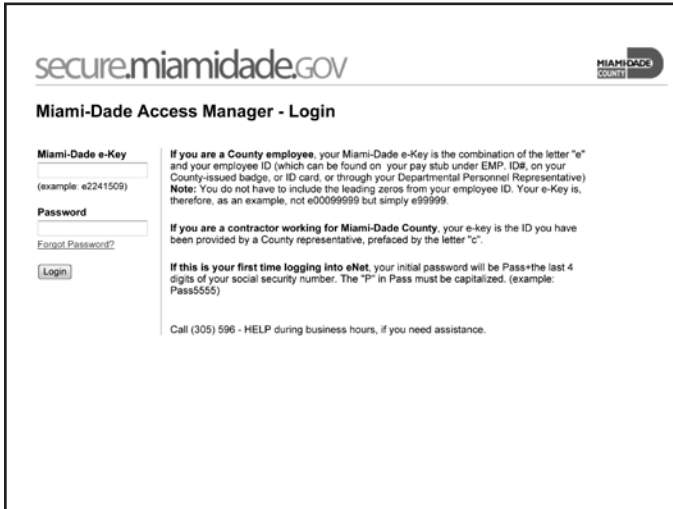
- Your eNet User ID and Password
- Name of Dependent (s) to be added
- Dependent's Date of Birth & Social Security Number
- Primary Care Physician (PCP) – Only if enrolling in the AvMed Low Option HMO
- Participating Dental Provider (PDP) – Only if selecting MetLife DHMO or Humana-OHS Dental Plans
- Annual Contribution Amount – If enrolling/re-enrolling in a Flexible Spending Account

## What if I do not have a computer or Internet access available?

If you do not have access to the Internet, contact your Department Personnel Representative (DPR) for assistance.

## Logon Instructions

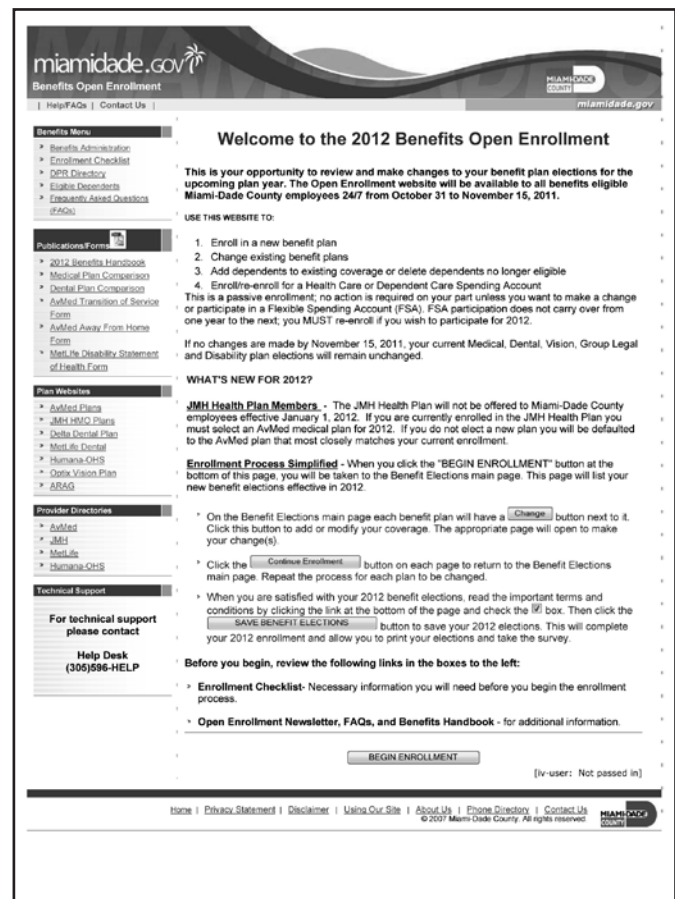
The 2012 Open Enrollment Benefits website must be accessed through the County's eNet portal (<http://enet.miamidade.gov>). To begin, logon to eNet using your user ID and password. Forgot your password? Click "forgot password" link to reset it. Remember that multiple incorrect logon attempts will result in your user ID (e-Key) being disabled. Contact the Help Desk at 305-596-Help if you have technical difficulties.




Once you are in eNet, click the 2012 Open Enrollment link or Banner to begin your enrollment.

## Website Enhancements

The online enrollment process has been greatly simplified this year. Previously, the process required scrolling through all County benefit plans in sequential order consisting of 12 steps. Now you'll be able to target just the benefit plan you need, skip the plans you don't want to modify and proceed directly to complete your enrollment. When you click the BEGIN ENROLLMENT button at the bottom of the "Welcome" screen, you will be directed to the Benefit Elections Menu. This new page will display a summary of your benefit elections to be effective in 2012 and features to change those elections.



## Step 1

On the Benefit Elections Menu each benefit plan will have a "CHANGE" button next to it. Select the corresponding button to add or to modify coverage. The appropriate page will open to make your change(s).

**2012 Benefit Elections Menu**

Name: SMITH, JOHN Emp ID: 000000000 DOL: 01-07-042  
Address: 321 MAIN STREET MIAMI FL 33135  
City: MIAMI State: FL Birth Date: 03/15/1980 Status: AA Gender: M

Limit how often you can toggle between 2012 if you wish to make any changes or enroll in a flexible spending account, click the corresponding "Change" button on the right side of the page below.

When you are finished making all of your changes, read the important terms and conditions and check the "I Read and Accept" box at the bottom of the page. Then click the "SAVE BENEFIT ELECTIONS" button to save your 2012 elections. On the following screen, you can print these elections for your reference.

If you want to review your current 2012 Benefit Elections, click here.

**Plan Coverage Monthly Cost**

**Health Care Plan**

MEDICAL/ADHD/HMO High Option Family **\$287.77** [Change](#)

DENTAL Delta Standard employees + 2 or more dependents **\$11.83** [Change](#)

VISION OPTIX Employees + 1 dependent **\$4.12** [Change](#)

**Group Legal Plan**

AAAG Employees + 1 dependent **\$9.34** [Change](#)

**Disability Plan**

Short Term Disability Not Enrolled **\$0.00** [Change](#)

Long Term Disability High Option **\$25.67** [Change](#)

**Flexible Spending Accounts**

Health Care Spending Account Not Enrolled **\$0.00** [Change](#)

Dependent Care Spending Account Not Enrolled **\$0.00** [Change](#)

Administration Fee **\$0.00**

**Total Monthly Cost For All Plans: \$353.42**

**Dependents and Providers**

Name	Relationship	Medical	Provider #	Dental	Provider #	Vision
JOHN SMITH	Employee	Enrolled	NONE	Enrolled	NONE	Enrolled
ANTON WILLIAMS	Spouse	Enrolled	NONE	Enrolled	NONE	Not Enrolled
JACOB SMITH	Child	Enrolled	NONE	Enrolled	NONE	Not Enrolled
DAVID SMITH	Child	Enrolled	NONE	Enrolled	NONE	Not Enrolled
JENNA SMITH	Spouse	Enrolled	NONE	Enrolled	NONE	Enrolled

**Complete Enrollment**

Reminder: Changes will not be saved until you click the "SAVE BENEFIT ELECTIONS" button below.

[Click Here to Read the Important Terms and Conditions](#)

[SAVE BENEFIT ELECTIONS](#)

## Step 2

Select your plan/enrollment option, then click the "CONTINUE" button to return to the Benefit Elections Menu. Repeat this process for each benefit election to be changed. Note, if you modify your medical, dental or vision coverage, before you return to the main page, the next screen will be the Dependent & Provider screen. This will allow you to add/cancel a dependent or enter a provider ID number (ID# optional, except for new enrollees in the AvMed Low Option, MetLife Dental, or Humana-OHS Dental).

**2012 Medical Coverage Options**

Name: SMITH, JOHN  
Current Coverage: MEDICAL/ADHD/HMO High Option

Your 2012 medical coverage is selected below. To make a change, select the button next to the desired plan and enrollment level. To view the benefit plan details, click here for the [2012 Medical Coverage Options](#) link.

When you are finished, click the "CONTINUE" button to return to the Benefit Elections Menu.

Remember: Changes will not be saved until you click the "SAVE BENEFIT ELECTIONS" button on the Benefit Elections Menu.

**Plan Coverage Monthly Cost**

**Health Care Plan**

MEDICAL/ADHD/HMO High Option Family **\$287.77** [Change](#)

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ANTON WILLIAMS	Spouse	Enrolled	NONE	Enrolled	NONE	Not Enrolled
JACOB SMITH	Child	Enrolled	NONE	Enrolled	NONE	Not Enrolled
DAVID SMITH	Child	Enrolled	NONE	Enrolled	NONE	Not Enrolled
JENNA SMITH	Spouse	Enrolled	NONE	Enrolled	NONE	Enrolled

**Complete Enrollment**

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[SAVE BENEFIT ELECTIONS](#)

**2012 Dependent and Provider**

Name: SMITH, JOHN  
Current Coverage: MEDICAL/ADHD/HMO High Option

Your 2012 medical coverage is selected below. To make a change, select the button next to the desired plan and enrollment level. To view the benefit plan details, click here for the [2012 Medical Coverage Options](#) link.

When you are finished, click the "CONTINUE" button to return to the Benefit Elections Menu.

Remember: Changes will not be saved until you click the "SAVE BENEFIT ELECTIONS" button on the Benefit Elections Menu.

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DAVID SMITH	Child	Enrolled	NONE	Enrolled	NONE	Not Enrolled
JENNA SMITH	Spouse	Enrolled	NONE	Enrolled	NONE	Enrolled

**Complete Enrollment**

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[Click Here to Read the Important Terms and Conditions](#)

[SAVE BENEFIT ELECTIONS](#)

To return to the **Benefit Elections Menu** from the Dependent & Provider screen, click the "CONTINUE ENROLLMENT" button.

## Step 3

When you are satisfied with your 2012 benefit elections, go to the bottom of the Benefit Elections Menu, check the "I read and accept" box (once you have read the important terms and conditions, of course), then click the "SAVE BENEFIT ELECTIONS" button to save your elections. This will complete your 2012 enrollment, allow you to print an enrollment confirmation and take the survey. You can return to the enrollment website at any time to make changes until November 15.

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JACOB SMITH	Child	Enrolled	NONE	Enrolled	NONE	Not Enrolled
DAVID SMITH	Child	Enrolled	NONE	Enrolled	NONE	Not Enrolled
JENNA SMITH	Spouse	Enrolled	NONE	Enrolled	NONE	Enrolled

**Complete Enrollment**

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[SAVE BENEFIT ELECTIONS](#)



## Dependent Eligibility

Annual Open Enrollment - The health plans will continue to screen for the eligibility of newly enrolled dependents with last names that differ from the employee's. It is your responsibility to provide the health plans with the required documentation by December 1. Proof of dependent eligibility may be forwarded to your DPR for transmittal to the health plan. Failure to comply will result in the dependent's cancellation retroactive to January 1. If you are sending documents directly to the health plan, obtain proof of mailing or fax transmission. New employees enrolling for benefits during their initial eligibility must submit dependent documentation for all enrolled dependents (not just dependents with a different last name).

Eligible Dependents	Documentation Required During Open Enrollment ( If adding dependent(s) with a different last name)
Spouse*	Official certified or registered Marriage Certificate (religious certificates are not acceptable).
Domestic Partner (DP)*	Domestic partnership certificate issued by the MDC Consumer Services Department
Natural Child	Official Birth Certificate listing employee as the parent (birth cards are not acceptable)
Child of Domestic Partner	Official certified Birth Certificate listing DP as the parent (birth cards are not acceptable) domestic partnership certificate issued by the MDC Consumer Services Dept.
Stepchildren	Official certified Birth Certificate(s) AND copy of official State certified or registered Marriage Certificate listing employee's current spouse as parent.
Child under Legal Guardianship Custody or Foster Care	Permanent Legal Guardianship/Custody document from the Courts or copy of Foster Care documentation from Courts.
Adopted Child or child in the process of adoption	Legal Adoption documentation showing relationship to employee and placement in employee's home or copy of Adoption Certificate issued through the Courts
Grandchild	Official certified Birth Certificate(s) of child AND copy of Permanent Legal Guardianship, Adoption/placement for adoption. A dependent of a dependent (child born to an enrolled child dependent) may remain on the plan for up to 18 months from the date of birth. Thereafter, permanent legal guardianship is required for the grandchild to remain covered.

\*Your spouse or Domestic Partner (DP) is not an eligible dependent if also a County or Public Health Trust/Jackson Health System employee and eligible for own group medical/dental coverage. Ex-spouses may not be enrolled for group benefits under any circumstance.

## Coverage Limiting Age for Dependent Children

Medical – Age 26 (ends December 31)	Dental & Vision – Age 25 (ends December 31)
Medical coverage may be extended to age 30. **Refer to page 8.	There is no extension beyond 25 unless the dependent is deemed disabled by the plans

Dependent children who are incapable of sustaining employment because of mental or physical disability, and are dependent upon the employee for support, may continue to be covered beyond the limiting age, providing the child was enrolled prior to age 25. Proof of disability must be submitted to the insurance plan on an ongoing basis.

## Adult Children – Eligibility

**\*\*Adult Children (FSS 627.6562) - Medical coverage** may be continued beyond December 31 of the year the adult child turns 26. **Coverage ends the end of the calendar year the child turns 30** (December 31). **Only medical coverage is available to this group.** Employees are required to submit the documentation listed below **every year**, before the start of the plan year.

Eligibility For Medical Coverage Beyond Age 26	Documentation Required Every Year
1. Adult child is not married, and	• Affidavit of Eligibility (form available online at <a href="http://www.miamidade.gov/benefits">www.miamidade.gov/benefits</a> ), and
2. Has no dependents (i.e. children, spouse/domestic partner), and	• Proof of Florida residence (i.e. Driver's License), or proof of student status (school registration)
3. Is either a resident of Florida or is a student in another state, and	Note: If enrolling a new adult child age 26+ you must also provide proof the child was continuously covered by other creditable coverage without a coverage gap of more than 63 days.
4. Is not provided or otherwise have available other major medical health insurance	

## After Open Enrollment

Open Enrollment is scheduled to end on November 15. Once it's over...it's over! There is no post-Open Enrollment reprieve for employees who miss the deadline! If you do not submit your enrollment/changes online by the deadline, you will have to wait until the 2013 open enrollment.

Our top priority is assuring insurance carriers receive your open enrollment plan elections and dependent information accurately and timely. Employees seeking post-Open Enrollment exceptions (forgot to add a dependent, change coverage, or coordinate children's coverage with spouse, etc.) delay the process and negatively impact co-workers who submitted their elections on time. Plan ahead, discuss options with your family and prepare for the November 15 deadline.

## Imputed Income

The Internal Revenue Service allows the employee to receive "tax free" health insurance subsidies for themselves and their eligible dependents as defined under IRS guidelines, but excludes those amounts attributable to coverage of adult children above age 26, domestic partner (DP), and dependents of a domestic partner. In light of this, the County must include the fair market value of this coverage in the employee's income, referred to as "imputed income" and this imputed income will be taxed accordingly. Go to [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits) for information regarding the post-tax premium breakdown and imputed income tax. Please consult with a financial planner or tax consultant to see how that impacts your particular situation.

## Dependent Documentation Transmittal

The health plans must receive dependent documentation by December 1. If you are enrolling dependents with a different last name (than yours), or they are already enrolled but you changed insurance carriers for 2012, you must submit documentation for those dependents to be covered. If you cover an adult dependent child age 26 – 29, regardless of last name, you must provide proof of eligibility every year. Forward the document copies to your Department Personnel Representative (DPR) for transmittal to the health plans. Remember to enter your name and employee ID for identification purposes. If you prefer to send documents directly to the health plan, please obtain proof of mailing or fax transmittal. Failure to provide acceptable documentation will result in cancellation of the dependent's medical, dental and or vision coverage (if enrolled), retroactive to January 1, 2012. To submit directly to the health plan:

### AvMed Health Plan

Onsite Service Representative  
SPCC -111 NW 1st Street, Suite 2340  
Miami, FL 33128  
Phone: (305) 375-5306  
Fax: (305) 372-6097



## Confirmation Notices

As part of the County's Green Pledge, the Benefits Administration Unit eliminated the printing and mass distribution of open enrollment confirmation notices. Employees may print their online confirmation upon completing their online enrollment. After the 2012 Open Enrollment website is disabled on November 15, employees may still view their 2012 plan elections through the 2012 Benefit Summary link on eNet (<http://enet.miamidade.gov>). That link is active until December 26, when the information is transferred to eNet-Employee Self Service (ESS) Insurance Inquiry screen, which always displays your current benefit elections.



## Change In Status (CIS)

**How do I make a change to my health plan mid-year?** Once the open enrollment period closes, you may add or delete dependents to your health plan only under limited circumstances (a qualifying event). Changes must be reported within 45 days of a qualifying event (60 days to add newborns/adoption, or placement for adoption). Complete and submit a Change in Status (CIS) form and Plan Status Change form to the Benefits Administration Unit. Election changes must be consistent with the event and result in loss or gain of insurance coverage. Mid-year changes from one health plan to another are not permitted. A partial list of permitted mid-year changes appears below.

### Qualifying Events (QE)

- Marriage/Divorce
- Employment change from full-time to part-time or vice versa (employee or spouse)
- Birth of a child
- Unpaid LOA (employee or spouse)
- Adoption of a child or placement for adoption
- Medicare/Medicaid/Florida Kid Care
- Change in Number of Tax Dependents
- Spouse's employer's open enrollment
- Beginning or end of employment of a spouse (resulting in gain or loss of insurance coverage)
- Significant change in health coverage due to spouse's employment

The Patient Protection and Affordable Care Act (PPACA) extended the limiting age for dependent children to the end of the calendar year in which the dependent turns **age 26**. Former eligibility criteria for this group, such as marital status, financial dependency, student status no longer apply. Consequently, employees cannot remove a dependent child from coverage due to marriage, or initial employment, unless the child gains other group insurance and enrolls in it. Moving out of the employee's home and losing financial dependency on the parent are not QEs that would permit the dependent's coverage to be canceled. The only event that now makes the child ineligible for coverage is enrolling in other group insurance coverage.

For additional information and IRC Section 125 QEs, go to [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits) to access the online Benefits Handbook. You may also download the Flex Benefits and Health Plans Change in Status forms from this website. The website forms link is in the Medical/Dental Resources menu on the right.

### Loss of Eligibility for Dependent Children

#### Children under Age 26

- Becoming eligible for employer-issued medical coverage
- Entering Military Service

#### Adult Children Age 26+ to 30

- Marriage/Domestic Partnership
- Acquiring dependent children
- Becoming eligible for group medical coverage
- Relocating outside of Florida (unless FT/PT student)
- Entering Military Service

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree FSS 817.234 (1) (b).

## Regional Meeting Schedule

**October 31, 2011 - November 15, 2011**

Representatives from the Group Medical, Group Dental, Group Vision, Disability Income Protection, Group Legal and Deferred Compensation Plans will be available to answer questions.

DATE	SITE	LOCATION	ADDRESS	START	END
10/31/11	Stephen P. Clark Center	Lobby	111 NW 1st Street	8:30 AM	12:30 PM
10/31/11	Miami-Dade Police	HQ Cafetorium	9105 NW 25 St.	1:30 PM	3:30 PM
11/01/11	Fire Rescue	Fire HQ - Auditorium	9300 NW 41 St.	9:00 AM	11:00 AM
11/01/11	Aviation	Concourse D - Auditorium, 4th FL	Miami Intl. Airport	1:00 PM	3:00 PM
11/02/11	ETSD	Break Room, 2nd FL.	5680 SW 87 Ave.	2:00 PM	3:30 PM
11/03/11	Solid Waste Mgmt	3A Garbage & NE Transf., Trailer	18701 NE 6th Ave.	6:30 AM	8:00 AM
11/03/11	Miami-Dade Transit	(Coral Way) Driver's Room 1st FL	2775 SW 74 Ave.	11:30 AM	1:30 PM
11/03/11	Public Works	Road, Bridge & Canal - Lunch Rm.	9301 NW 58th Street	2:00 PM	4:30 PM
11/04/11	Miami-Dade Transit	Bus Op NE Garage, Driver's Rm, 1st FL	360 NE 185 St.	11:00 AM	12:30 PM
11/04/11	Courts	Justice Building (Jury Pool Rm, 7th FL)	1351 NW 12 Street	1:30 PM	3:00 PM
11/07/11	Solid Waste Mgmt.	58th St Garbage & Trash, Breeze Way	8831 NW 58th St	6:30 AM	8:00 AM
11/07/11	Martin Luther King Bldg.	2nd Floor Conf Room #1-3	2525 NW 62nd Street	9:30 AM	11:30 AM
11/07/11	Seaport	2nd Floor Conference Room	1015 North America Way	1:00 PM	2:30 PM
11/08/11	Miami-Dade Transit	Lehman Ctr, Conf. Room A	6601 NW 72 Ave	9:00 AM	10:30 AM
11/08/11	So. Dade Govt. Ctr.	Rm 203	10710 SW 211 St.	1:00 PM	3:00 PM
11/09/11	Stephen P. Clark Center	Lobby	111 NW 1st Street	8:30 AM	12:30 PM
11/09/11	Public Works	Traffic Signal & Signs, Conf. Room	7100 NW 36 Street	2:30 PM	4:00 PM
11/10/11	Water & Sewer	Douglas Rd Bldg. - Room 156 - A&B	3071 SW 38 Avenue	12:30 PM	3:30 PM
11/10/11	Solid Waste Mgmt.	3B Garbage & Trash, Auditorium	8000 SW 107 Ave.	3:00 PM	4:30 PM
11/14/11	Building & Permitting Ctr.	Conference Room I/J	11805 SW 26th Street (Coral Way)	10:00 AM	11:30 AM
11/14/11	Miami-Dade Transit	Central Garage Driver's Room, 1st FL	3300 NW 32 Avenue	12:00 PM	1:30 PM
11/15/11	Stephen P. Clark Center	Lobby	111 NW 1st Street	9:00 AM	12:00 PM
11/15/11	Overtown Transit Village	Lobby	701 NW 1st Court	1:00 PM	3:00 PM

## Disclosure Notices

**Federal law requires these notices be included in employee benefit communications:**

**Grandfathered Plan Status** – The Miami-Dade County/Jackson Health System Group Health Plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Miami-Dade County, Benefits Administration Unit, Internal Services Department, 111 NW 1 Street, Suite 2340, Miami, FL 33128 or by calling 305-375-4288.

**Early Retiree Reinsurance Program (ERRP)** – You are a plan participant, or are being offered the opportunity to enroll as a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants’ premium contributions, co-payments, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

If you have received this notice by email, you are responsible for providing a copy of this notice to your family members who are participants in this plan.

**Other Disclosure Notices** - Please refer to the 2012 Benefits Handbook at [www.miamidade.gov/benefits](http://www.miamidade.gov/benefits) or [www.miamidade.gov/benefits/notices.asp](http://www.miamidade.gov/benefits/notices.asp) for the following important notices:

1. Notice of Creditable Coverage - Prescription Coverage/Medicare
2. HIPAA Privacy Notice
3. Why We Collect SSN Information

## Report Address Changes

The County’s benefit providers experience an ongoing problem of receiving numerous returned mail due to incorrect employee addresses. To guarantee that important benefits related information is properly delivered to you, remember to promptly advise your departmental personnel representative of any change in your address. Otherwise, you will miss out on receiving important information such as the FRS Annual Member Statements, Medical Plan Claim Explanation of Benefits, insurance ID cards, and insurance summary plan descriptions, etc.

## Important Notes

1. Print and retain the online benefits confirmation notice after you make your benefits elections for the 2012 plan year and take the online benefits survey. The online benefits confirmation notice will be the required proof of your 2012 benefit selections, in the event there are any discrepancies. Once the Open Enrollment deadline passes, the only plan election changes permitted will be those resulting from a processing error. A processing error is defined as the unlikely event of a computer system malfunction that failed to process the employee's elections, as recorded on the final confirmation notice submission.
2. Weigh the benefit plan options carefully, because once you submit your final selections online you are locked into these plan choices until December 31, 2012. Employees are not permitted to switch plans during the year.
3. All 2012 plan year benefit elections are in effect January 1, 2012 through December 31, 2012 (except for new hires and those benefits subject to medical approval).
4. New hires with a benefits eligibility date of November 1 or December 1, 2011 must submit their benefits selections online through the County's eNet portal New Hire Benefits Enrollment link. Your 2011 new hire plan selections will carry over into 2012. If enrolling in a spending account you will be required to select two (2) annual contribution amounts; one for the balance of 2011 and a separate amount for the 2012 plan year. If you enroll in the JMH Health Plan coverage in 2011, you will be defaulted to the closest AvMed plan equivalent for 2012.

## Important Dates

<b>October 31 to November 15, 2011</b>	Regional Meetings
<b>October 31 to November 15, 2011</b>	Access to the Open Enrollment Website
<b>December 1, 2011</b>	Deadline to submit dependent documentation
<b>January 20, 2012</b>	Deadline for reporting system errors in the processing of online benefit elections

## Remember...

To enroll or make changes to your benefits for 2012 go to <http://enet.miamidade.gov> logon to eNet and select the 2012 Open Enrollment link. The open enrollment website is available 24/7, from October 31 to November 15, 2011. Employees without computer access, please contact your departmental personnel representative for assistance.